Child Maltreatment in Canada: An Understudied Public Health Problem

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ABSTRACT

Child maltreatment is a major public health problem associated with impairment in childhood, adolescence, and extending throughout the lifespan. Within Canada, high-quality child maltreatment studies have been conducted and are critical for informing prevention and intervention efforts. However, compared to other parts of the world (e.g., United States, United Kingdom, the Netherlands, and Mexico), the number of studies conducted in Canada is far fewer and the data used to study this important public health problem are less diverse. Importantly, to date, representative data on child maltreatment from the general population at the national level in Canada do not exist. This means that many questions regarding child maltreatment in Canada remain unanswered. To advance our understanding of child maltreatment in Canada and to make significant strides towards protecting Canadian children and families, research using Canadian data is essential. To begin to meet these important public health goals, we need to invest in collecting high-quality, nationally representative Canadian data on child maltreatment. Solutions for the barriers and challenges for the inclusion of child maltreatment data into nationally representative Canadian surveys are provided.

Key words: Child abuse; child neglect; Canada; prevalence; public health, national survey

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The World Health Organization defines child maltreatment as physical and emotional mistreatment, sexual abuse, neglect and negligent treatment of children, child exploitation and exposure to intimate partner violence (IPV).^{1,2} Child maltreatment is a major public health problem associated with impairment in childhood, adolescence, and extending throughout the lifespan. Within Canada, high-quality child maltreatment studies have been conducted and are critical for informing prevention and intervention efforts. However, child maltreatment is an understudied public health problem in Canada. Compared to other parts of the world (e.g., United States, United Kingdom, the Netherlands, and Mexico), the number of studies conducted in Canada is limited and the data are less diverse. For example, Canadian data sources have included representative and non-representative community samples, hospital and clinical samples, school-based samples, as well as data from protective services, shelters, and legal/police records. One notable survey was the Ontario Mental Health Supplement (OHSUP) conducted in 1990; examination of these data indicated that a childhood history of slapping and spanking and physical and/or sexual abuse was associated with increased odds of psychiatric disorders in adulthood.^{3,4} Importantly, to date, national-level representative child maltreatment data from the general population in Canada do not exist. This means that current data sources are only able to provide information on the incidence of child maltreatment reported to child welfare and prevalence estimates from a small number of provincial- and community-level samples in Canada. Apart from the recent Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) (see next section), many of these estimates are out of date (e.g., OHSUP), leaving many questions regarding child maltreatment in Canada unanswered.

Canadian Incidence Study of Reported Child Abuse and Neglect

The most recent Canadian child maltreatment data are from the CIS, a national sample of child maltreatment investigations by child welfare collected in 2008 (previous cycles collected in 1998 and 2003).⁵ These data indicate that the rate of child maltreatment investigations in Canada in 2008 was 39.2 per 1,000 children.⁵ Thirty-six percent of the total investigations were substantiated cases of child maltreatment (14.2 per 1,000 children). Among the substantiated child maltreatment cases, incidence rates for the primary category of maltreatment were as follows: 4.9 per 1,000 children for exposure to IPV (34% of cases), 4.8 per 1,000 children for neglect (34% of cases), 2.9 per 1,000 children for physical abuse (20% of cases), 1.2 per 1,000 children for emotional maltreatment (9% of cases), and 0.4 per 1,000 children for sexual abuse (3% of cases).⁵ It should be noted that these data are only representative of cases of child maltreatment reported to child welfare agencies and do not include child maltreatment that is reported to other authorities or maltreatment that goes unreported. In addition, season variation may be present since data were collected over a three-month period.⁵

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Table 1. Barriers and Solutions for the Inclusion of Child Maltreatment Data in Nationally Representative Canadian Surveys

Barriers and Challenges	Solutions and Opportunities
<i>Barrier/Challenge:</i> Time and expense to create national survey component or questions focused on child maltreatment and relevant developmental and health outcomes.	→ <i>Solution:</i> Include valid and reliable child maltreatment assessments in an existing national survey. → <i>Opportunity:</i> Calculate the first reliable nationally representative prevalence estimate of child maltreatment in Canada.
<i>Barrier/Challenge:</i> Time added for interviewing or data collection if child maltreatment assessments are added to an existing national survey.	→ <i>Solution:</i> A short module, consisting of as few as 6 questions, would allow for reliable assessments of child maltreatment. This does not create significant time burdens. → <i>Opportunity:</i> Including child maltreatment assessment in an existing mental and physical health survey would provide the first opportunity to examine important relationships to inform policy and health promotion in Canada.
<i>Barrier/Challenge:</i> Collecting data in the Territories and remote areas. Time required to develop an approach for surveying Aboriginal communities.	→ <i>Solution:</i> Engage communities through partnerships and the training of community members to collect data. Use of telephone interviewing when available. → <i>Opportunity:</i> To collect high-quality representative data from all regions and communities in Canada.
<i>Barrier/Challenge:</i> Limitations of child maltreatment measures leading to unreliable data.	→ <i>Solution:</i> Selecting the best valid and reliable assessment of child maltreatment for survey data. Determine which specific aspects of child maltreatment can be most reliably and efficiently measured. → <i>Opportunity:</i> To collect high-quality representative data.
<i>Barrier/Challenge:</i> Although sensitive questions are commonly included in survey research, there can be excessive concern about asking child maltreatment questions for fear of distress.	→ <i>Solution:</i> Provide all respondents with information regarding available resources in the local area (counselling and help lines). Train interviewers to recognize distress and provide support. Use other national surveys collecting child maltreatment data from other countries or surveys assessing other sensitive information (e.g., suicide attempts) as a guide. → <i>Opportunity:</i> To connect individuals with services.
<i>Barrier/Challenge:</i> Although sensitive questions are commonly included in child surveys, there can be concerns about asking young respondents about sensitive information.	→ <i>Solution:</i> Although child maltreatment data can be ethically collected from children, only collect child maltreatment data from adolescent and adult respondents aged 13 years and older to address concern. → <i>Opportunity:</i> Including respondents aged 13 years and older allows for the study of age and cohort effects.
<i>Barrier/Challenge:</i> Concerns regarding disclosure of ongoing maltreatment and individuals currently at risk for harm.	→ <i>Solution:</i> Provide interviewers with training on how to report situations where current danger to an individual is disclosed. Inform respondents in advance when confidentiality cannot be provided due to legal and ethical requirements. Use other national surveys collecting child maltreatment data from other countries or surveys assessing other sensitive information (e.g., suicide attempts) as a guide. → <i>Opportunity:</i> The potential to intervene to protect individuals from further harm.

Prevalence of child maltreatment in Canada

Although national Canadian prevalence estimates of child maltreatment do not exist, prevalence estimates have been calculated in a variety of Canadian community samples. Statistics Canada data from the 2005 Canadian Community Health Survey (CCHS-3.1) indicated that 7.4% of individuals aged 12 years and older living in Manitoba or Saskatchewan affirmed having ever been “physically abused by someone close to you” as a child or teenager, before moving out of the house.⁶⁻⁸ Although these data do provide some insight into physical violence in childhood within the Canadian context, the non-validated and non-specific nature of this one-item assessment of physical abuse limits the utility of these data. More specifically, this measure does not provide a definition or example of what is considered physical abuse, which creates uncertainty as to what is being measured. Additionally, sexual abuse, neglect, emotional maltreatment, and exposure to IPV were not included in the CCHS-3.1, further limiting the assessment of child maltreatment in these data.

Another study using data from Statistics Canada's 1999 Canadian General Social Survey of Canadian provinces found that 2% of adult males and 8% of adult females who were in or had recently been in an intimate relationship retrospectively reported being sexually abused in childhood (measured as unwanted sexual touching, fondling, rape, and attempted rape before the age of 18 years).⁹ In a representative military sample from the CCHS-Canadian Forces Supplement (CCHS-CFS), the prevalence of physical abuse (i.e., were you ever badly beaten by your parents or the people who raised you) reported among both males and females was 6% and the prevalence of exposure to IPV during childhood (i.e., did you ever witness serious physical fights at home, like your father beat-

ing up your mother) was 12% among males and 15% among females.¹⁰ Again, measures of child maltreatment were limited in this survey due to non-validated, non-specific questions. In a representative 2006 adult community sample from Quebec, 10% of males and 22% of females reported a history of child sexual abuse (i.e., unwanted sexual touching or intercourse before the age of 18), 15% of males and 12% of females reported a history of minor physical abuse (i.e., spanking often or very often), 18% of males and 12% of females reported a history of severe physical abuse (i.e., being hit harder than a spanking at least once), 8% of males and 11% of females reported a history of emotional maltreatment (i.e., threats, humiliation, or ridicule often or very often in childhood), and 19% of males and 17% of females reported exposure to IPV in childhood (i.e., witnessed at least rarely interparental violence).¹¹ The prevalence of self-reported child maltreatment in Canada varies from study to study, which may reflect differences in samples and limited and inconsistent assessment of child maltreatment. These inconsistencies limit study comparability. The main limitations of many of these studies are poor measures of child maltreatment, the lack of representative data, and often inadequate measures of developmental, mental and physical health outcomes.

Lack of nationally representative child maltreatment research in Canada

With a dearth of representative Canadian data, it is often necessary to generalize data from other countries to the Canadian context. Although research from other countries is informative, relying on these data assumes that the data are generalizable to Canada. If this assumption is incorrect, it is uncertain whether knowledge gained from other countries will lend to helping maltreated children in

Canada. For the ultimate goal of promoting the mental health and well-being of children and families in Canada, the collection of representative Canadian data is imperative. Canadian data are necessary for understanding the prevalence and incidence of child maltreatment in Canada; the Canadian contexts in which violence is most likely to occur; poor mental health, physical health, developmental and social correlates related to child maltreatment; how to prevent the occurrence and reoccurrence of child maltreatment; how to effectively help children recover and thrive after experiencing maltreatment; as well as what makes some children and families more resilient.

Feasibility of future child maltreatment data collection in Canada

To date, the assessment of child maltreatment in nationally representative Canadian surveys has been limited to a few poorly worded and non-specific items inquiring about violence exposure or parenting behaviours. Canada has the mechanisms already in place to collect high-quality child maltreatment data through national surveys such as the Survey of Young Canadians (SYC), the Health Behaviour in School-Aged Children (HBSC) cross-national study, and the CCHS, making child maltreatment data collection feasible. These surveys have the sophisticated research designs necessary for the collection of nationally representative data on child maltreatment in Canada, but to date, valid and reliable assessments of multiple types of child maltreatment have not been included. A short, reliable and valid measurement of child maltreatment, such as the Childhood Experiences of Violence Questionnaire (CEVQ),¹² could easily be included in these existing surveys and would provide the first estimates of child maltreatment at the national level in Canada. With regard to ethical concerns for child maltreatment data collection, a recent review indicated that few participants experienced distress when participating in trauma-focused research; negative emotions resulting from research participation often do not last long; and many participants viewed such research as beneficial to society.¹³ Furthermore, it has been argued that not asking about maltreatment may create other concerns such as placing an inflated importance on other variables due to the unmeasured variance through the exclusion of child maltreatment.¹⁴ There has been some noted support for population-based child maltreatment data collection in Canada¹⁵ and efforts to include child maltreatment in future CCHS surveys have been initiated, but not finalized. Strategies for including high-quality assessments of child maltreatment in these surveys need to continue to be discussed to facilitate future and ongoing data collection. Table 1 provides solutions for overcoming barriers and challenges for the inclusion of child maltreatment data into nationally representative Canadian surveys.

CONCLUSION

Child maltreatment is an understudied public health problem in Canada. More research using representative Canadian data is necessary to further our understanding of child maltreatment in Canada. To date, nationally representative data on child maltreatment do not exist. To advance our understanding of child maltreatment within the Canadian context, high-quality research using nationally representative Canadian data is essential.

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RÉSUMÉ

La maltraitance des enfants est un grave problème de santé publique associé à la déficience durant l'enfance, l'adolescence et le reste de la vie. On a mené au Canada des études de haute qualité sur la maltraitance des enfants, et ces études sont essentielles aux efforts de prévention et d'intervention. Cependant, comparativement à d'autres parties du monde (États-Unis, Royaume-Uni, Pays-Bas, Mexique), le nombre d'études menées au Canada est très inférieur, et les données utilisées pour étudier cet important problème de santé publique sont moins diversifiées. Surtout, jusqu'à maintenant, on n'a pas recueilli de données représentatives sur la maltraitance des enfants dans la population générale à l'échelle du Canada. Par conséquent, bien des questions sur la maltraitance des enfants au Canada restent sans réponse. Pour améliorer notre compréhension de ce phénomène et pour faire de réels progrès dans la protection des enfants et des familles au Canada, il est essentiel de faire de la recherche en utilisant des données canadiennes. Pour commencer à respecter ces importants objectifs de santé publique, nous devons investir dans la collecte de données représentatives canadiennes de haute qualité sur la maltraitance des enfants. Nous proposons des solutions pour surmonter les obstacles et les défis à l'inclusion de données sur la maltraitance des enfants dans les enquêtes représentatives canadiennes.

Mots clés : maltraitance des enfants; négligence des enfants; Canada; prévalence; santé publique, enquête nationale